

11/31 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.
Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE (ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.) **DATE**
All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file. Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

0 1 2 3 4 5 6 7 8 9

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

3 Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive compensation equal in value to 00 – 00 shares of stock. **If you prefer to receive stock, you must check the box, sign and return this card by Month XX, 2001.**

If you prefer cash, you do not need to return this card. Note: Under certain circumstances, you may receive stock automatically. (See details on back.)

☐ Check here if you would prefer to receive stock rather than cash.

SIGNATURE (ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK OF CARD 1.) **DATE**
All persons listed on Card 1 must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME SAMPLE A SAMPLE

CONTROL NUMBER 1234 56 7890 **PIN NUMBER** 777 777
Refer to these numbers when replying by phone or Internet. (See back of Card 1 for details.)

We currently estimate that you will receive compensation equal in value to 00 – 00 shares of stock. If you prefer to receive stock, you must complete and return Card 3. If you prefer cash, you do not need to return Card 3. Note: Under certain circumstances, you may receive stock automatically. (See back of Card 3 for details.)

POLICY NUMBER	NAME OF INSURED/ANNUITANT/CONTRACTHOLDER
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD

11/32 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.

Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE (ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.) DATE
All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file.
Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA (XXXXX-XXXX)

100-00-0000

SOCIAL SECURITY NUMBER

EMPLOYER IDENTIFICATION NUMBER

3 Determine the form of your compensation.

SAMPLE A SAMPLE

Based on the tax-qualified policy(ies) or contract(s) you own, we currently estimate that you will receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

You do not need to return this card.

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME
SAMPLE A SAMPLE

CONTROL NUMBER 1234 56 7890
PIN NUMBER 777 777
Refer to these numbers when replying by phone or Internet.
(See back of Card 1 for details.)

Based on the tax-qualified policy(ies) or contract(s) you own, we currently estimate that you will receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

POLICY NUMBER	NAME OF INSURED/ANNUITANT/CONTRACTHOLDER
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD

Questions? Need help?
Call 1-800-848-8484 or visit us online at www.prudential.com



11/33 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.
Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE (ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.) **DATE**
All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file. Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

U.S. SOCIAL SECURITY NUMBER

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

SOCIAL SECURITY NUMBER

EMPLOYER IDENTIFICATION NUMBER

3 Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive 00,000,000 – 00,000,000 shares of stock.

You do not need to return this card.

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME SAMPLE A SAMPLE

CONTROL NUMBER 1234 56 7890 **PIN NUMBER** 777 777
Refer to these numbers when replying by phone or Internet.
(See back of Card 1 for details.)

We currently estimate that you will receive 00,000,000 – 00,000,000 shares of stock.

POLICY NUMBER	NAME OF INSURED/ANNUITANT/CONTRACTHOLDER
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD

11/34 draft 3/14/01

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ **YES**
I will fill
the flask.

All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

*Your number is not in our file.
Please enter it at right.*

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA (00000-0000)

3 Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive compensation equal in value to 00 – 00 shares of stock. **If you prefer to receive stock, you must check the box, sign and return this card by Month XX, 2001. If you prefer cash, you do not need to return this card.** Note: Under certain circumstances, you may receive stock automatically. (See details on back.) Based on the tax-qualified policy(ies) or contract(s) you own, we currently estimate that you will also receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

**Check here
if you would
prefer to
receive stock
rather than
cash.**

All persons listed on Card 1 must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME
SAMPLE A SAMPLE

CONTROL NUMBER	PIN NUMBER
1234 56 7890	777 777

Refer to these numbers when replying by phone or Internet.
(See back of Card 1 for details.)

We currently estimate that you will receive compensation equal in value to 00 – 00 shares of stock. If you prefer to receive stock, you must complete and return Card 3. If you prefer cash, you do not need to return Card 3. Note: Under certain circumstances, you may receive stock automatically. (See back of Card 3 for details.)

Based on the tax-qualified policy(ies) or contract(s) you own, we currently estimate that you will also receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

[illegible][illegible]

00-00 0000000000

11/35 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.

Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE

(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.)

DATE

All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file.
Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA (XXXXX-XXXX)

☐ Check box if insured by Social Security.
If not, check box if insured by Employer Identification Number.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

☐ SOCIAL SECURITY NUMBER

☐ EMPLOYER IDENTIFICATION NUMBER

3 Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive 00,000,000 – 00,000,000 shares of stock.

Based on the tax-qualified policy(ies) or contract(s) you own, we currently estimate that you will also receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

You do not need to return this card.

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME

SAMPLE A SAMPLE

CONTROL NUMBER

1234 56 7890

PIN NUMBER

777 777

Refer to these numbers when replying by phone or Internet.
(See back of Card 1 for details.)

We currently estimate that you will receive 00,000,000 – 00,000,000 shares of stock.

Based on the tax-qualified policy(ies) or contract(s) you own, we currently estimate that you will also receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

POLICY NUMBER

*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098

NAME OF INSURED/ANNUITANT/CONTRACTHOLDER

SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD

Questions? Need help?

Call 1-800-850-PRUDENTIAL or visit us online at www.prudential.com



00-00 000000000000

11/36 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.

Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE

(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.)

DATE

All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file.
Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA (XXXX-XXXX)

☐ Check box if insured by Social Security.
☐ Check box if insured by Employer Identification Number.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

☐ SOCIAL SECURITY NUMBER

☐ EMPLOYER IDENTIFICATION NUMBER

3 Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive cash equal in value to 00,000,000 – 00,000,000 shares of stock.

You are not eligible to receive stock because either you are not a resident of the United States, or your policy premiums and benefits are stated in Canadian dollars.

You do not need to return this card.

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME

SAMPLE A SAMPLE

CONTROL NUMBER

1234 56 7890

PIN NUMBER

777 777

Refer to these numbers when replying by phone or Internet.
(See back of Card 1 for details.)

We currently estimate that you will receive cash equal in value to 00,000,000 – 00,000,000 shares of stock.

You are not eligible to receive stock because either you are not a resident of the United States, or your policy premiums and benefits are stated in Canadian dollars.

POLICY NUMBER

*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098

NAME OF INSURED/ANNUITANT/CONTRACTHOLDER

SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD

Questions? Need help?

Call 1-800-850-PRUDENTIAL or visit us online at www.prudential.com



11/37 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.

Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE

(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.)

DATE

All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file.
Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA (XXXXX-XXXX)

☐ Check box if insured by Social Security.
If not, check box if insured by Employer Identification Number.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

☐ SOCIAL SECURITY NUMBER

☐ EMPLOYER IDENTIFICATION NUMBER

3 Determine the form of your compensation.

SAMPLE A SAMPLE

Based on the tax-qualified policy(ies) or contract(s) you own, we currently estimate that you will receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

Based on the other policy(ies) or contract(s) you own, we currently estimate that you will also receive cash equal in value to 00,000,000 – 00,000,000 shares of stock. You are not eligible to receive stock because either you are not a resident of the United States, or your policy premiums and benefits are stated in Canadian dollars.

You do not need to return this card.

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME

SAMPLE A SAMPLE

CONTROL NUMBER

1234 56 7890

PIN NUMBER

777 777

Refer to these numbers when replying by phone or Internet.
(See back of Card 1 for details.)

Based on the tax-qualified policy(ies) or contract(s) you own, we currently estimate that you will receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

Based on the other policy(ies) or contract(s) you own, we currently estimate that you will also receive cash equal in value to 00,000,000 – 00,000,000 shares of stock. You are not eligible to receive stock because either you are not a resident of the United States, or your policy premiums and benefits are stated in Canadian dollars.

POLICY NUMBER

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

NAME OF INSURED/ANNUITANT/CONTRACTHOLDER

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

Questions? Need help?

Call 1-800-840-PRUDENTIAL or visit us online at www.prudential.com



00-00 000000000000

11/38 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.

Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE

(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.)

DATE

All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file.
Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA (XXXXX-XXXX)

☐ Check box if insured by Social Security. If not, check box if insured by Employer Identification Number.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

SOCIAL SECURITY NUMBER

EMPLOYER IDENTIFICATION NUMBER

3 Determine the form of your compensation.

SAMPLE A SAMPLE

You are not eligible to receive compensation due to one of the following reasons:

- You are the trustee of one or more group policy(ies) issued to a Prudential created trust (see Section 5.4 of the Plan). This means you are qualified to vote but not to receive compensation. Compensation will be paid to participants in the trust as more fully described in the Plan.
- You have been determined to be a Prudential insider, and you purchased your policy or contract after February 10, 1998.

For more information on compensation eligibility, refer to *Policyholder Information Booklet, Part 1*. **You do not need to return this card.**

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME

SAMPLE A SAMPLE

CONTROL NUMBER

1234 56 7890

PIN NUMBER

777 777

Refer to these numbers when replying by phone or Internet.
(See back of Card 1 for details.)

You are not eligible to receive compensation due to one of the following reasons:

- You are the trustee of one or more group policy(ies) issued to a Prudential created trust (see Section 5.4 of the Plan). This means you are qualified to vote but not to receive compensation. Compensation will be paid to participants in the trust as more fully described in the Plan.
- You have been determined to be a Prudential insider, and you purchased your policy or contract after February 10, 1998.

For more information on compensation eligibility, refer to *Policyholder Information Booklet, Part 1*.

POLICY NUMBER

*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098

NAME OF INSURED/ANNUITANT/CONTRACTHOLDER

SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD

Questions? Need help?

Call 1-800-872-6842 or visit us online at www.prudential.com



11/03 draft 3/14/01

11/04 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.

Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE

(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.)

DATE

All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file.
Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA (XXXX-XXXX)

☐ Check box if insured by Social Security.
If not, check box if insured by Employer Identification Number.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

☐ SOCIAL SECURITY NUMBER

☐ EMPLOYER IDENTIFICATION NUMBER

3 Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive 00,000,000 – 00,000,000 shares of stock.

In addition, we currently estimate that you will receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock based on the tax-qualified policy(ies) or contract(s) you own, and cash equal in value to 00,000,000 – 00,000,000 shares of stock based on the Canadian-issued policy(ies) you own. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

You do not need to return this card.

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME

SAMPLE A SAMPLE

CONTROL NUMBER

1234 56 7890

PIN NUMBER

777 777

Refer to these numbers when replying by phone or Internet.
(See back of Card 1 for details.)

We currently estimate that you will receive 00,000,000 – 00,000,000 shares of stock.

In addition, we currently estimate that you will receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock based on the tax-qualified policy(ies) or contract(s) you own, and cash equal in value to 00,000,000 – 00,000,000 shares of stock based on the Canadian-issued policy(ies) you own. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

POLICY NUMBER

*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098

NAME OF INSURED/ANNUITANT/CONTRACTHOLDER

SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD

Questions? Need help?

Call 1-800-850-PRUDENTIAL or visit us online at www.prudential.com



11/05 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.

Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE

(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.)

DATE

All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file.
Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA (XXXXX-XXXX)

☐ Check box if insured by Social Security.
If not, check box if insured by Employer Identification Number.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

☐ SOCIAL SECURITY NUMBER

☐ EMPLOYER IDENTIFICATION NUMBER

3 Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive cash equal in value to 00,000,000 – 00,000,000 shares of stock. You are not eligible to receive stock because you reside outside the United States.

Based on the Canadian-issued policy(ies) you own, we currently estimate that you will also receive cash equal in value to 00,000,000 – 00,000,000 shares of stock.

You do not need to return this card.

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME

SAMPLE A SAMPLE

CONTROL NUMBER

1234 56 7890

PIN NUMBER

777 777

Refer to these numbers when replying by phone or Internet.
(See back of Card 1 for details.)

We currently estimate that you will receive cash equal in value to 00,000,000 – 00,000,000 shares of stock. You are not eligible to receive stock because you reside outside the United States.

Based on the Canadian-issued policy(ies) you own, we currently estimate that you will also receive cash equal in value to 00,000,000 – 00,000,000 shares of stock.

POLICY NUMBER

*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098
*9876543210987654321098

NAME OF INSURED/ANNUITANT/CONTRACTHOLDER

SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD
SAMPLE A SAMPLE OPQRSTUVWXYZABCD

Questions? Need help?

Call 1-800-848-8484 or visit us online at www.prudential.com



00-00 000000000000

11/01 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.
Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE **(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.)** **DATE**
All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file.
Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

U.S. SOCIAL SECURITY NUMBER

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

3 Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive compensation equal in value to 00 – 00 shares of stock. **If you prefer to receive stock, you must check the box, sign and return this card by Month XX, 2001. If you prefer cash, you do not need to return this card.** Note: Under certain circumstances, you may receive stock automatically. (See details on back.)

Based on the Canadian-issued policy(ies) you own, we currently estimate that you will also receive cash equal in value to 00,000,000 – 00,000,000 shares of stock.

☐ Check here if you would prefer to receive stock rather than cash.

SIGNATURE **(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK OF CARD 1.)** **DATE**
All persons listed on Card 1 must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME	CONTROL NUMBER	PIN NUMBER
SAMPLE A SAMPLE	1234 56 7890	777 777
	Refer to these numbers when replying by phone or Internet. (See back of Card 1 for details.)	

We currently estimate that you will receive compensation equal in value to 00 – 00 shares of stock. If you prefer to receive stock, you must complete and return Card 3. If you prefer cash, you do not need to return Card 3. Note: Under certain circumstances, you may receive stock automatically. (See back of Card 3 for details.)

Based on the Canadian-issued policy(ies) you own, we currently estimate that you will also receive cash equal in value to 00,000,000 – 00,000,000 shares of stock.

POLICY NUMBER	NAME OF INSURED/ANNUITANT/CONTRACTHOLDER
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPQRSTUVWXYZABCD

11/06 draft 3/14/01

1 Vote on Prudential's plan to demutualize.

Your vote must be received by Month XX, 2001.

Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. *Please use blue or black ink.*

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA 00000-0000

☐ YES
I vote FOR the Plan

☐ NO
I vote AGAINST the Plan

SIGNATURE

(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.)

DATE

All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

2 Certify your Social Security or Employer Identification Number.

9999 05257 012345 67890 000-00-0000

Your number is not in our file.
Please enter it at right.

U.S. EMPLOYER IDENTIFICATION NUMBER

SAMPLE A SAMPLE
100 MAIN STREET
ANYWHERE, USA (XXXXX-XXXX)

☐ Check box if insured by Social Security.
If not, check box if insured by Employer Identification Number.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

☐ SOCIAL SECURITY NUMBER

☐ EMPLOYER IDENTIFICATION NUMBER

3 Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive cash equal in value to 00,000,000 – 00,000,000 shares of stock. You are not eligible to receive stock because you reside outside the United States.

In addition, we currently estimate that you will receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock based on the tax-qualified policy(ies) or contract(s) you own, and cash equal in value to 00,000,000 – 00,000,000 shares of stock based on the Canadian-issued policy(ies) you own. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

You do not need to return this card.

4 Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME

SAMPLE A SAMPLE

CONTROL NUMBER

1234 56 7890

PIN NUMBER

777 777

Refer to these numbers when replying by phone or Internet.
(See back of Card 1 for details.)

We currently estimate that you will receive cash equal in value to 00,000,000 – 00,000,000 shares of stock. You are not eligible to receive stock because you reside outside the United States.

In addition, we currently estimate that you will receive policy credits equal in value to 00,000,000 – 00,000,000 shares of stock based on the tax-qualified policy(ies) or contract(s) you own, and cash equal in value to 00,000,000 – 00,000,000 shares of stock based on the Canadian-issued policy(ies) you own. For more information on policy credits, refer to *Policyholder Information Booklet, Part 1*.

POLICY NUMBER

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

*9876543210987654321098

NAME OF INSURED/ANNUITANT/CONTRACTHOLDER

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

SAMPLE A SAMPLE OPQRSTUVWXYZABCD

Questions? Need help?

Call 1-800-840-PRUDENTIAL or visit us online at www.prudential.com



00-00 000000000000